



DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF STATE FIRE MARSHAL

APPLICATION FOR APPRENTICE CRANE OPERATOR REGISTRATION

**APPLICANT'S INSTRUCTIONS:**

- 1: Print or type all responses.
- 2: Submit a head & shoulders photograph (1½" x 1½")
- 3: Enclose \$25.00 Annual Registration Fee. Make checks payable to: Treasurer State of Connecticut

**PERSONAL INFORMATION:**

|                                    |        |               |                        |               |
|------------------------------------|--------|---------------|------------------------|---------------|
| Name (Last, First, Middle Initial) |        |               | Social Security Number |               |
| Height                             | Weight | Color of Hair | Color of Eyes          | Date of Birth |

**LEGAL ADDRESS:**

|                           |                  |
|---------------------------|------------------|
| Number & Street           | e-mail           |
| City, State, and Zip Code | Telephone Number |

**EMPLOYMENT INFORMATION:**

Employer's Name and Address \_\_\_\_\_  
Date Hired \_\_\_\_\_  
Specific Duties \_\_\_\_\_

I hereby make application for an Apprentice Crane Operator Registration and certify, under penalty of False Statement (C.G.S. 53a-157), that the information on this form is true and correct to the best of my knowledge and belief.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYER'S CERTIFICATION:**

I, the undersigned, certify that the above Applicant is currently receiving training under a Connecticut Licensed Crane Operator as an Apprentice, to meet the requirements established by the State of Connecticut Crane Operator's Examining Board.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_

**NAME OF CT LICENSED CRANE OPERATOR:** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

\*\*\*\*\*

( ) APPLICATION DENIED

( ) APPLICATION GRANTED

**DATE:** \_\_\_\_\_ **REGISTRATION #** \_\_\_\_\_ **CHECK #** \_\_\_\_\_  
**AMOUNT:** \_\_\_\_\_

Rev 2/2018

450 Columbus Avenue – Suite 1304, Hartford CT 06103  
Phone: 860-713-5580 Fax: 860-920-3088- [www.ct.gov/das](http://www.ct.gov/das)  
Affirmative Action/Equal Opportunity Employer